

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)USE FEC MAILING LABEL  
OR TYPE OR PRINT ▼Example: If typing, type  
over the lines

Campbell for Congress

ADDRESS (number and street)

4590 MacArthur Blvd., Suite 500

☐Check if different  
than previously  
reported. (ACC)

Irvine

CA

92660

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00412312

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

CA

48

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☐

October 15 Quarterly Report (Q3)

☒

January 31 Year-End Report (YE)

☐

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of

(c) 30-Day POST-Election Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

11

28

2006

through

12

31

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Kelly Lawler

Signature of Treasurer

Electronically Filed by Kelly Lawler

Date

01

19

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Campbell for Congress

Report Covering the Period:

From:

M M  
1 1D D  
2 8Y Y Y Y  
2 0 0 6

To:

M M  
1 2D D  
3 1Y Y Y Y  
2 0 0 6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	7028.47	8378.47
(b) Total Contribution Refunds (from Line 20(d)).....	4550.00	4550.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	2478.47	3828.47
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	19719.99	21640.03
(b) Total Offsets to Operating Expenditures (from Line 14).....	58.40	58.40
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	19661.59	21581.63
8. Cash on Hand at Close of Reporting Period (from Line 27).....	36929.66	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	100000.00	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

## DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name  
Campbell for Congress

Report Covering the Period:

From:

M M  
1 1D D  
2 8Y Y Y Y  
2 0 0 6

To:

M M  
1 2D D  
3 1Y Y Y Y  
2 0 0 6

## I. RECEIPTS

COLUMN A  
Total This PeriodCOLUMN B  
Election Cycle-to-Date

## 11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than  
Political Committees

(i) Itemized (use Schedule A).....

6800.00

8150.00

(ii) Unitemized.....

228.47

228.47

(iii) TOTAL of contributions

7028.47

8378.47

from individuals..... ►

0.00

0.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees  
(such as PACS).....

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

7028.47

8378.47

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER  
AUTHORIZED COMMITTEES.....

0.00

0.00

## 13. LOANS

(a) Made or Guaranteed by the  
Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING  
EXPENDITURES  
(Refunds, Rebates, etc.).....

58.40

58.40

## 15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

0.00

0.00

16. TOTAL RECEIPTS (add Lines  
11(e), 12, 13(c), 14, and 15)  
(Carry Total to Line 24, page 4)..... ►

7086.87

8436.87

# DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	19719.99	21640.03
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	50.00	50.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	4500.00	4500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	4550.00	4550.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	24269.99	26190.03

## III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	54112.78
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	7086.87
25. SUBTOTAL (add Line 23 and Line 24).....	61199.65
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	24269.99
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	36929.66

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Campbell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Karen Armour  
Mailing Address 25511 Rangewood Drive

City State Zip Code  
Laguna Hills CA 92653-6145

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Armour Building Co.

Occupation  
Builder

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
2100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 6

Transaction ID: 70119.C6848

Amount of Each Receipt this Period

2100.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Maurine Campbell  
Mailing Address 125 South Las Palmas Avenue

City State Zip Code  
Los Angeles CA 90004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Homemaker

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
2100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 6

Transaction ID: 70117.C6846

Amount of Each Receipt this Period

2100.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Maurine Campbell  
Mailing Address 125 South Las Palmas Avenue

City State Zip Code  
Los Angeles CA 90004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Homemaker

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
4200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 6

Transaction ID: 70117.C6845

Amount of Each Receipt this Period

2100.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

6300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Campbell for Congress

A. Full Name (Last, First, Middle Initial)  
Jonathan Wheeler

Mailing Address 351 Hospital Road, Suite 611

City State Zip Code  
Newport Beach CA 92663

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Physician

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 8 / 2 0 0 6

Transaction ID: 61206.C6834

Amount of Each Receipt this Period

500.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

500.00

TOTAL This Period (last page this line number only) .....

6800.00

# **SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 / 18

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Campbell for Congress

Full Name (Last, First, Middle Initial)

## **A. Aristotle Publishing**

Mailing Address 205 Pennsylvania Ave. SE

City Washington State DC Zip Code 20003-0000

Purpose of Disbursement  
CREDIT CARD FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 70119.E4113

Date of Disbursement

/   /

Amount of Each Disbursement this Period

36.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**CREDIT CARD FEES**

Full Name (Last, First, Middle Initial)

## **B. Jaylene Farry, TIE Productions**

Mailing Address 11442 Ann Arbor Lane

City San Diego State CA Zip Code 92131-0000

Purpose of Disbursement  
REIMBURSE EVENT EXPENSE: SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 61206.E4082

Date of Disbursement

/   /

Amount of Each Disbursement this Period

91.12

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**REIMBURSE EVENT EXPENSE:  
SEE BELOW**

Full Name (Last, First, Middle Initial)

## **C. Misc. Expenses Under Threshold**

Mailing Address Vendors Total are Under \$200

City Irvine State CA Zip Code 92616-

Purpose of Disbursement  
MISC. CAMPAIGN EXPENSES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 70119.E4117

Date of Disbursement

/   /

Amount of Each Disbursement this Period

91.12

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**MEMO: MISC. CAMPAIGN EXPE-  
NSES**

**SUBTOTAL** of Disbursements This Page (optional) .....

127.12

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Campbell for Congress

Full Name (Last, First, Middle Initial)

**A.** Jaylene Farry, TIE Productions

Mailing Address 11442 Ann Arbor Lane

City  
San Diego

State  
CA

Zip Code  
92131-0000

Purpose of Disbursement  
CAMPAIGN SUPPORT SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 61206.E4086

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**CAMPAIGN SUPPORT SERVICES**

Full Name (Last, First, Middle Initial)

**B.** Jaylene Farry, TIE Productions

Mailing Address 11442 Ann Arbor Lane

City  
San Diego

State  
CA

Zip Code  
92131-0000

Purpose of Disbursement  
CAMPAIGN SUPPORT SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 70117.E4096

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**CAMPAIGN SUPPORT SERVICES**

Full Name (Last, First, Middle Initial)

**C.** Ms. Sara Myers

Mailing Address 201 Bay Shore Avenue, #307

City  
Long Beach

State  
CA

Zip Code  
90803-0000

Purpose of Disbursement  
CAMPAIGN SUPPORT SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 61206.E4080

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**CAMPAIGN SUPPORT SERVICES**

**SUBTOTAL** of Disbursements This Page (optional) .....

12000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Campbell for Congress

Full Name (Last, First, Middle Initial)

**A.** Ms. Sara Myers

Mailing Address 201 Bay Shore Avenue, #307

City State Zip Code  
Long Beach CA 90803-0000

Purpose of Disbursement  
REIMBURSE EVENT EXPENSE:SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 61206.E4081

Date of Disbursement

/   /

Amount of Each Disbursement this Period

492.71

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

REIMBURSE EVENT EXPENSE:SEE BELOW

Full Name (Last, First, Middle Initial)

**B.** Misc. Expenses Under Threshold

Mailing Address Vendors Total are Under \$200

City State Zip Code  
Irvine CA 92616-

Purpose of Disbursement  
MISC. CAMPAIGN EXPENSES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 70119.E4122

Date of Disbursement

/   /

Amount of Each Disbursement this Period

168.79

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: MISC. CAMPAIGN EXPENSES

Full Name (Last, First, Middle Initial)

**C.** Staples

Mailing Address 4343 MacArthur Blvd.

City State Zip Code  
Newport Beach CA 92660-0000

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 70119.E4118

Date of Disbursement

/   /

Amount of Each Disbursement this Period

323.92

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: OFFICE SUPPLIES

**SUBTOTAL** of Disbursements This Page (optional) .....

492.71

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Campbell for Congress

Full Name (Last, First, Middle Initial)

**A.** Ms. Sara Myers

Mailing Address 201 Bay Shore Avenue, #307

City State Zip Code  
Long Beach CA 90803-0000

Purpose of Disbursement  
CAMPAIGN SUPPORT SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 70117.E4095

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**CAMPAIGN SUPPORT SERVICES**

Full Name (Last, First, Middle Initial)

**B.** Premier Business Centers

Mailing Address 4590 MacArthur Blvd., Suite 500

City State Zip Code  
Newport Beach CA 92660-0000

Purpose of Disbursement  
CAMPAIGN SUPPORT SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 61206.E4085

Date of Disbursement

/   /

Amount of Each Disbursement this Period

175.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**CAMPAIGN SUPPORT SERVICES**

Full Name (Last, First, Middle Initial)

**C.** Premier Business Centers

Mailing Address 4590 MacArthur Blvd., Suite 500

City State Zip Code  
Newport Beach CA 92660-0000

Purpose of Disbursement  
CAMPAIGN SUPPORT SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 70117.E4100

Date of Disbursement

/   /

Amount of Each Disbursement this Period

200.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**CAMPAIGN SUPPORT SERVICES**

**SUBTOTAL** of Disbursements This Page (optional) .....

4375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 18

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Campbell for Congress

Full Name (Last, First, Middle Initial)

## **A. Premier Business Centers**

Mailing Address 4590 MacArthur Blvd., Suite 500

City Newport Beach State CA Zip Code 92660-0000

Purpose of Disbursement  
CAMPAIGN SUPPORT SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70117.E4099

Date of Disbursement

/   /

Amount of Each Disbursement this Period

200.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CAMPAIGN SUPPORT SERVICES

Full Name (Last, First, Middle Initial)

## **B. Storage West**

Mailing Address 2892 Kelvin Avenue

City Irvine State CA Zip Code 92614-5826

Purpose of Disbursement  
STORAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 61206.E4084

Date of Disbursement

/   /

Amount of Each Disbursement this Period

124.95

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

STORAGE

Full Name (Last, First, Middle Initial)

## **C. Storage West**

Mailing Address 2892 Kelvin Avenue

City Irvine State CA Zip Code 92614-5826

Purpose of Disbursement  
STORAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70117.E4098

Date of Disbursement

/   /

Amount of Each Disbursement this Period

124.95

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

STORAGE

**SUBTOTAL** of Disbursements This Page (optional) .....

449.90

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 18

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
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NAME OF COMMITTEE (In Full)

Campbell for Congress

Full Name (Last, First, Middle Initial)

## **A. The KAL Group**

Mailing Address 976 Pacific Avenue

City  
Willows

State  
CA

Zip Code  
95988-0000

Purpose of Disbursement  
BOOKKEEPING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 70117.E4093

Date of Disbursement

/   /

Amount of Each Disbursement this Period

530.90

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

BOOKKEEPING

Full Name (Last, First, Middle Initial)

## **B. Verizon Wireless**

Mailing Address P.O. Box 5321

City  
Inglewood

State  
CA

Zip Code  
90313-0000

Purpose of Disbursement  
VOID CHECK

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 70117.E4103

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-80.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

VOID CHECK

Full Name (Last, First, Middle Initial)

## **C. Verizon Wireless**

Mailing Address P.O. Box 5321

City  
Inglewood

State  
CA

Zip Code  
90313-0000

Purpose of Disbursement  
CELLULAR PHONE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 70117.E4102

Date of Disbursement

/   /

Amount of Each Disbursement this Period

166.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CELLULAR PHONE

**SUBTOTAL** of Disbursements This Page (optional) .....

616.40

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Campbell for Congress

Full Name (Last, First, Middle Initial)

**A. Verizon Wireless**

Mailing Address P.O. Box 5321

City  
InglewoodState  
CAZip Code  
90313-0000Purpose of Disbursement  
VOID CHECK

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70119.E4114

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	6

Amount of Each Disbursement this Period

-80.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

VOID CHECK

Full Name (Last, First, Middle Initial)

**B. Wells Fargo Card Services**

Mailing Address P.O. Box 54349

City  
Los AngelesState  
CAZip Code  
90054-0349Purpose of Disbursement  
CREDIT CARD PAYMENT:SEE BELOW

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70117.E4097

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	3		2	0	0	6

Amount of Each Disbursement this Period

1461.37

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53CREDIT CARD PAYMENT:SEE  
BELOW

Full Name (Last, First, Middle Initial)

**C. Balboa Bay Club**

Mailing Address 1221 W. Coast Highway, #145

City  
Newport BeachState  
CAZip Code  
92663-0000Purpose of Disbursement  
FUNDRAISER EXPENSE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70119.E4123

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	3		2	0	0	6

Amount of Each Disbursement this Period

1063.66

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

MEMO: FUNDRAISER EXPENSE

SUBTOTAL of Disbursements This Page (optional) .....

1380.87

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

Campbell for Congress

Full Name (Last, First, Middle Initial)

## **A. Misc. Expenses Under Threshold**

Mailing Address Vendors Total are Under \$200

City Irvine State CA Zip Code 92616-

Purpose of Disbursement  
MISC. CAMPAIGN EXPENSES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70119.E4127

Date of Disbursement

/   /

Amount of Each Disbursement this Period

195.67

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

### **[MEMO ITEM]**

MEMO: MISC. CAMPAIGN EXPE-  
NSES

Full Name (Last, First, Middle Initial)

## **B. Verizon Wireless**

Mailing Address P.O. Box 5321

City Inglewood State CA Zip Code 90313-0000

Purpose of Disbursement  
CELLULAR PHONE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70119.E4125

Date of Disbursement

/   /

Amount of Each Disbursement this Period

202.04

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

### **[MEMO ITEM]**

MEMO: CELLULAR PHONE

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

19442.00

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

Campbell for Congress

Full Name (Last, First, Middle Initial)

**A.** AICPA

Mailing Address 1455 Pennsylvania Avenue, NW

City Washington State DC Zip Code 20004-

Purpose of Disbursement  
Refund of Contribution Refund

Candidate Name

010  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2008 ☐ Primary ☐ General  
☒ Other (specify) ▼  
 State: District: Gen 06

Transaction ID: 70117.E4105

Date of Disbursement

12 / 31 / 2006

Amount of Each Disbursement this Period

3500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B.** General Motors Corporation PAC

Mailing Address 1660 L Street, NW, Suite 400

City Washington State DC Zip Code 20036-0000

Purpose of Disbursement  
Refund of Contribution Refund

Candidate Name

010  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2008 ☐ Primary ☐ General  
☒ Other (specify) ▼  
 State: District: Gen 06

Transaction ID: 70117.E4104

Date of Disbursement

12 / 31 / 2006

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

4500.00

**TOTAL** This Period (last page this line number only) ..... ►

4500.00

**SCHEDULE C (FEC Form 3 )****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13bNAME OF COMMITTEE (In Full)  
Campbell for Congress

Transaction ID: LS50630.C3737

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Mr. John B.T. Campbell, III

Election:

☐ Primary☐ General☒ Other (specify) ▼

Special General 2005

Mailing Address Personal Funds  
57 Blue Heron

City Irvine State CA ZIP Code 92603-

Original Amount of Loan

200000.00

Cumulative Payment To Date

150000.00

Balance Outstanding at Close of This Period

50000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 6D D  
2 0Y Y Y Y  
2 0 0 5

20070630

.0000 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)  
Campbell For Senate

Name of Employer

Mailing Address  
4199 Campus Drive, #550

Occupation

City Irvine State CA ZIP Code 92612-0000

Amount  
Guaranteed  
Outstanding:

0.00

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

50000.00

**TOTALS** This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE C (FEC Form 3 )****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13bNAME OF COMMITTEE (In Full)  
Campbell for Congress

Transaction ID: LS50823.C3898

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Mr. John B.T. Campbell, III

Election:

☐ Primary☐ General☒ Other (specify) ▼

Special General 2005

Mailing Address Personal Funds  
57 Blue Heron

City Irvine State CA ZIP Code 92603-

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 8D D  
0 3Y Y Y Y  
2 0 0 5

20061231

.0000 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

25000.00

**TOTALS** This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3 )****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13bNAME OF COMMITTEE (In Full)  
Campbell for Congress

Transaction ID: LS50916.C4201

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Mr. John B.T. Campbell, III

Election:

☐ Primary☐ General☒ Other (specify) ▼

Special General 2005

Mailing Address Personal Funds  
57 Blue Heron

City Irvine State CA ZIP Code 92603-

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 9D D  
0 6Y Y Y Y  
2 0 0 5

20061231

.0000 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

25000.00

**TOTALS** This Period (last page in this line only) ▶

100000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.